

**IL HIE Medicaid Work Group
Meeting Notes
October 6, 2014**

Attendees (by phone):

Dave Barnes	Department of Healthcare and Family Services
Janet Baxter	Alliance of Chicago
Pat Borrowdale	Pediatric Health Associates
Aster Bowden	Office of Inspector General
Connie Christen	Department of Healthcare and Family Services
Kathy Compratt	University of Chicago Medicine
Paula Dillon	Illinois Hospital Association
Julie Glen	Loyola University Medical Center
Roger Holloway	Chicago Health Information Technology Regional Extension Center
Peter Ingram	
Wyona Johnson	Department of Healthcare and Family Services
Vince Keenan	Illinois Academy of Family Physicians
Scotty McLaughlin	Department of Healthcare and Family Services
Rachel Mills	Rush University Medical Center
Mary Ring	Illinois Critical Access Network
Ken Ryan	Illinois State Medical Society
JoAnn Spoor	Illinois Hospital Association
Jeff Todd	Department of Healthcare and Family Services
Eva Winckler	Chicago Health Information Technology Regional Extension Center

1) Review of Minutes

Dave Barnes had a change to the September 22 minutes. With those changes made, the group approved the minutes.

2) Electronic Health Record Medicaid Incentive Payment Program (eMIPP) Status Update

- **Payments to Date**
- **Processing Queue Statistics**
- **2013/2014 Attestations**

Dave Barnes reported that one Eligible Hospital (EH) was paid since the last work group call. 44 Eligible Professionals (EPs) for 2014 and 3 2013 EP payments were made. Over \$415 million has been distributed to 5,585 unique providers since the program began.

About 50-60 attestations have been received in the last few days with most of them being from EPs for Adopt, Implement, Upgrade. HFS received by October 1st. almost 2,000 2013 attestations meeting first time Meaningful Use.

Centers for Medicare and Medicaid Services (CMS) Rule

Dave reported that HFS decided not to offer extensions for 2014. The application will be available around November 1st which gives EHs two months and EPs five months to attest. HFS and the Regional Extension Centers will send out notices to providers to let them know this.

One of the RECs pointed out to Dave that the CMS Patient Electronic Access tip sheet has a question that says how EPs and EHs should account for patients who do not wish to receive access to their health information.

A patient can choose not to access their health information, or opt-out. Patients cannot be removed from the denominator for opting out of receiving access. If a patient opts out, a provider may count them in the numerator if they have been given all the information necessary to opt back in without requiring any follow up action from the provider, including, but not limited to, a user ID and password, information on the patient website, and how to create an account.

Dave participated in a call with CMS who gave guidelines on the flexibility rule. CMS said that providers should attest in 2014 to the 2014 CEHRT (Certified Electronic Health Record Technology) if they can. If they do not, they will attest that it is due to implementation delays to the 2014 CEHRT. Delays must be attributable to the issues related to software development, certification, implementation, testing, or the release of the product by the EHR vendor which affected 2014 CEHRT availability. Examples that do not count as delays in availability are financial issues, difficulty meeting measures, staffing issues, or provider delays.

Another thing discussed was if providers can mix and match measures and objectives for different years and stages. CMS did not propose the ability to mix and match between meaningful use objectives and measures and the Clinical Quality Measures (CQMs) for different years and stages. Providers must attest to the required set of objectives and measures applicable for the CEHRT option they choose as well as the CQMs to relate to that option.

Meeting adjourned. The next call is scheduled on October 20th.